



Dart Aerospace Ltd.  
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RBE703A94-1130-01-23

Job Sheet 173929



Part No: RBE703A94-1130-01-23

Job Qty: 6 ea

Part Name: Deflection Clip Assembly



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/8/18

Job Tracking No:

Due Date: 4/14/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG RBE703A94-1130-01 Rev K IPP Rev.A 17.08.09 New issue DP Verify DD/IPP Rev B 17.11.30 DWG Rev B DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard |      | Workcenter/Supplier   |           | Sign-off       |
|-------|--------------------|-------|------------|----------|----------|------|-----------------------|-----------|----------------|
|       |                    |       |            |          | Setup    | Run  | Workcenter / Supplier | Lead Time |                |
|       |                    |       |            |          | hrs      | Hrs  |                       |           |                |
| 90    | Start up Operation | 6 Ea  |            | 4/13/18  | 0.00     | 0.00 | Start Up Small Fab-2  |           | MLL            |
| 110   | Small Fab          | 6 pcs |            | 4/14/18  | 0.00     | 6.00 | Small Fab-3           |           | MLL DAS        |
| 120   | QC                 | 6 pcs |            | 4/14/18  | 0.00     | 0.00 | QC5                   |           | 38             |
| 130   | Packaging          | 6 pcs |            | 4/14/18  | 0.00     | 0.00 | Packaging3-1          |           | MLL 9-89       |
| 140   | QC21-SA            | 6 Ea  |            | 4/14/18  | 0.00     | 0.00 | QC21                  |           | 21 JUL 17 2018 |

Part Op 110 - 1-Assemble as per DWG. Sheet 9. 2-Apply Loctite to mating surfaces of item -33 and -27 -Loctite 263  
Descriptions: B M138766 Exp.: 10/19 \*\*\*Item -33 should not protrude past the surface of item -27\*\*\*

### Job BOM

| Part / Item          | Component Name                           | Quantity     | Operation             | Container   |
|----------------------|------------------------------------------|--------------|-----------------------|-------------|
| 90353A214            | Pan Head Machine Screw M4 x 0.7mm x 12mm | 12 Ea (2 ea) | 90-Start up Operation | FM1384146   |
| 91595A155            | Dowel Pin 4mm x 12mm                     | 12 Ea (2 ea) | 90-Start up Operation | FM1384143   |
| 98296A882            | Slotted Spring Pin Ø1/8" X 7/8"          | 6 Ea (1 ea)  | 90-Start up Operation | FM138414-35 |
| 98338A022            | Cotter Pin Ø3/64" X 1/2"                 | 12 Ea (2 ea) | 90-Start up Operation | FM138414-35 |
| RBE703A94-1130-01-25 | Tab Adjuster Handle                      | 6 Ea (1 ea)  | 90-Start up Operation | 5077399     |
| RBE703A94-1130-01-27 | Tab Adjuster Body                        | 6 Ea (1 ea)  | 90-Start up Operation | 5081333     |
| RBE703A94-1130-01-29 | Tab Adjuster Clamp                       | 6 Ea (1 ea)  | 90-Start up Operation | 5081635     |
| RBE703A94-1130-01-31 | Tab Adjuster Gauge Plate                 | 6 Ea (1 ea)  | 90-Start up Operation | 5081669     |
| RBE703A94-1130-01-33 | Adjuster                                 | 12 Ea (2 ea) | 90-Start up Operation | 5084675     |
| 6NF45/A              | Knurled Nut                              | 12 Ea (2 ea) | 90-Start up Operation | 5042054     |

### Job Allocations

| Operation             | Component Part       | Required | Inventory | Allocated |
|-----------------------|----------------------|----------|-----------|-----------|
| 90-Start up Operation | 6NF45/A              | 12       | 28        | 0         |
|                       | 90353A214            | 12       | 98        | 0         |
|                       | 91595A155            | 12       | 48        | 0         |
|                       | 98296A882            | 6        | 249       | 0         |
|                       | 98338A022            | 12       | 98        | 0         |
|                       | RBE703A94-1130-01-25 | 6        | 0         | 0         |
|                       | RBE703A94-1130-01-27 | 6        | 0         | 0         |
|                       | RBE703A94-1130-01-29 | 6        | 0         | 0         |
|                       | RBE703A94-1130-01-31 | 6        | 0         | 0         |
|                       | RBE703A94-1130-01-33 | 12       | 3         | 0         |

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only

|                                             |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  |                                              |  |  |  |  |  |
|---------------------------------------------|--------------------------|-----------------------------------------------|--------------------------|----------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------------|--|--|----------------------------------------------|--|--|--|--|--|
| Work Order: _____                           |                          | <b>DISPOSITION</b>                            |                          | <b>AGAINST DEPARTMENT/PROCESS</b>      |                                     |                                              |                                      |  |  |                                              |  |  |  |  |  |
| Part No. _____                              |                          | Rework <input type="checkbox"/>               |                          | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/> |  |  |                                              |  |  |  |  |  |
| NCR No. _____                               |                          | Scrap <input type="checkbox"/>                |                          | Machining <input type="checkbox"/>     | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>     |  |  |                                              |  |  |  |  |  |
|                                             |                          | Use-as-is <input type="checkbox"/>            |                          | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>       |  |  |                                              |  |  |  |  |  |
|                                             |                          | Suspected Unapproved <input type="checkbox"/> |                          | Large Fab <input type="checkbox"/>     | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>            |                                      |  |  |                                              |  |  |  |  |  |
| Date :                                      |                          | Step #:                                       |                          | QTY Effective :                        |                                     |                                              | MRB (QSI042) Approval                |  |  |                                              |  |  |  |  |  |
| <b>Description Work Order Deviation</b>     |                          |                                               |                          | <b>Disposition</b>                     |                                     |                                              |                                      |  |  |                                              |  |  |  |  |  |
|                                             |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  |                                              |  |  |  |  |  |
|                                             |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  | Completed By                                 |  |  |  |  |  |
|                                             |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  | Lead hand / Supervisor Approval Verification |  |  |  |  |  |
|                                             |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  |                                              |  |  |  |  |  |
|                                             |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  | QA Coordinator Approval                      |  |  |  |  |  |
|                                             |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  |                                              |  |  |  |  |  |
| <b>Root Cause</b>                           |                          |                                               |                          |                                        |                                     |                                              |                                      |  |  |                                              |  |  |  |  |  |
| Environment <input type="checkbox"/>        | <input type="checkbox"/> | No Re-verification                            | <input type="checkbox"/> | Pressure/I                             | <input type="checkbox"/>            | ed Wrong                                     | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> | Operator                                      | <input type="checkbox"/> | Bending                                | <input type="checkbox"/>            | Dimensions                                   | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> | Offset/Setup                                  | <input type="checkbox"/> | Centre Not                             | <input type="checkbox"/>            | er tolerance                                 | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> | Supplier                                      | <input type="checkbox"/> | Cracks                                 | <input type="checkbox"/>            | rect                                         | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> | Training                                      | <input type="checkbox"/> | Crimp/Kink/R                           | <input type="checkbox"/>            | Part Lost/Missing                            | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> | Use for Testing                               | <input type="checkbox"/> | Cuffs                                  | <input type="checkbox"/>            | Part Moved                                   | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information                              | <input type="checkbox"/> | Crushing                               | <input type="checkbox"/>            | Drawing                                      | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> | Rushing                                       | <input type="checkbox"/> | Heat Treat                             | <input type="checkbox"/>            | Finish                                       | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> | Product Improvement                           | <input type="checkbox"/> | Wave/Twist in TL                       | <input type="checkbox"/>            | Misread                                      | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> | Process Improvement                           | <input type="checkbox"/> | Marks/Chatter                          | <input type="checkbox"/>            | Turning Sequence                             | <input type="checkbox"/>             |  |  |                                              |  |  |  |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> | Manufacturing Process                         | <input type="checkbox"/> |                                        | <input type="checkbox"/>            |                                              |                                      |  |  |                                              |  |  |  |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> | Past Due                                      | <input type="checkbox"/> | OTHER :                                | <input type="checkbox"/>            |                                              |                                      |  |  |                                              |  |  |  |  |  |

**Part Specifications**

Specifications could not be found.

*Plex 3/8/18 8:10 AM Dart.lajeunesse.marie*



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |